PRINTED: 03/23/2011 FORM APPROVED

Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 02/17/2011 NVS5702AGC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **8630 W NEVSO DR** ACACIA OASIS LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Y 000 Y 000 Initial Comments The findings and conclusions of any investigation Received 3-28-11 by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 50 Residential Facility for Groups which provides assisted living, Category II. The census at the time of the survey was 28. Ten resident files were reviewed and 15 employee files were reviewed. The facility received a grade of A. Y 255 449.217(6)(a)(b) Permits - Comply with NAC 446 SS=F on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. (X6) DATE Mum Exacutive Diroction 3-28-11

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Executive Chef, his staff delivering the meals and dishing the food, and Health

Services Director will be immediately responsible for the monitoring and

correction, with assistance/support of

Executive Director.

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responsibility.

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